



MONTANA BOILER OPERATOR PROGRAM

301 S PARK AVENUE

PO BOX 200513

HELENA MT 59620-0513

PHONE: (406) 444-6880 FAX: (406) 841-2305

EMAIL: dlibsdhhelp@mt.gov

Website: www.boileroperator.mt.gov

BOILER APPLICATION FOR RE-EXAMINATION

Please complete this application and return it with the appropriate fee as indicated. Make a check or money order payable to the Montana Boiler Operator Licensing Program. **NOTE: Please do not send cash.**

Pursuant to Section 50-74-311, MCA, you must wait 45 days from the date you took your last exam before you can sit for the exam again.

Name: _____
First Name Last Name

Mailing Address: _____
Street/PO Box City State Zip

Phone: _____ Email: _____

Please indicate which exam you wish to retake and submit the applicable fee with this application. **Note:** Exam fees are non-refundable

_____ Low Pressure - \$30 _____ First Class - \$50

_____ Third Class - \$40 _____ Agricultural - \$25

_____ Second Class - \$50 _____ Traction - \$25

Please indicate the job service location where you prefer to take the exam:

Applicant Signature

Date

BUSINESS STANDARDS DIVISION

Blaster, Boiler, Crane, Elevator, and Fire Protection License Programs

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